

**IN THE DISTRICT COURT OF THE THIRD CIRCUIT
DIVISION
STATE OF HAWAII**

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party/Attorney Name, Attorney Number (if applicable),
Address, Telephone and Fax Numbers

Next Court Date and Time (if any): _____
 None Return Pre-Trial Trial Answer Disposition/Other (Specify): _____

STIPULATION FOR DISMISSAL

Plaintiff and Defendant agree to the Entry of Dismissal in this case (select one) **WITH** or **WITHOUT** prejudice pursuant to District Court Rules of Civil Procedure, Rule 41(a)(1)(ii). This Stipulation for Dismissal is signed by all parties who have appeared in this action. **(Select one)**

Partial Dismissal as to Defendant _____

(Certificate of Service required as to other Defendants).

OR
 DISMISSAL OF ALL CLAIMS.

Date:	Signature of Plaintiff/Attorney: Print/Type Name:
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Date:	Signature of Defendant/Attorney: Print/Type Name:
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In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the ADA Coordinator at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 at least ten (10) working days in advance of your hearing appointment date. **For Civil related matters, please call or visit the District Court Civil Section at Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila St., Kealahou, Ph. (808) 322-8700.**

DISMSTIP